

# CHESTERFIELD COUNTY POLICE DEPARTMENT

## BACKGROUND INVESTIGATION PACKET

### PLEASE READ BEFORE COMPLETING THE INFORMATION IN THIS PACKET

The questions asked in this form are necessary in order for us to initiate a thorough investigation. By nature of the position, a security clearance is vital.

- **All time periods in your background must be accounted for.**
- **Fill in completely and answer all questions in black ink.**
- **Applicant must legibly complete the packet in their own words.**
- **After completing this packet, please mail to the address listed below.**

If space provided is not sufficient for completing answers please attach additional pages.

**FURNISHING FALSE INFORMATION OR  
OMISSION OF PERTINENT INFORMATION SHALL  
BE GROUNDS FOR DISQUALIFICATION.**



**Chesterfield County Police Department  
Police Human Resources Division  
10001 Iron Bridge Road  
PO BOX 148  
CHESTERFIELD VA 23832-0911**

**804.748.1547**

**On the Web at: [Chesterfieldpd.com](http://Chesterfieldpd.com)**

**DUE  
DATE :**

# INSTRUCTIONS FOR INTERVIEW

If you are contacted for an interview, please bring an official copy of the following documents to your interview (do not mail these items in with your background worksheet):

- ☐ Birth Certificate
- ☐ G.E.D. Certificate (if applicable)
- ☐ High School Transcripts (official)
- ☐ College Transcripts (official)
- ☐ Marriage License
- ☐ Divorce Decree
- ☐ Military Discharge Papers (DD Form 214)
- ☐ Provide Six (6) months of statements for each of your current bank accounts
- ☐ U.S. Citizenship Certification (if applicable)
- ☐ DMV Driving Record (for out-of-state applicants only)
- ☐ Non-Certified Social Security Earnings Information  
(If you have been employed outside Virginia)  
This information may be obtained by visiting:  
[www.socialsecurity.gov/online/ssa-7050.pdf](http://www.socialsecurity.gov/online/ssa-7050.pdf)  
There will be a fee charged by the Social Security Administration for this information.

- **Come dressed in business attire.**
- **If you have not had your physical agility test, please bring PT clothes with you.**
- **Arrive 15 minutes prior to your scheduled interview time.**
- **Directions to our office may be obtained through the Internet.**
- **In the event you are unable to keep your scheduled appointment, please contact the Police Human Resources Division at 804.748.1547.**

## PERSONAL HISTORY

**Position for which you are applying:** \_\_\_\_\_

Full Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_  
(Include nickname or name you are known by)

Present Address \_\_\_\_\_

City, State and Zip \_\_\_\_\_

Male ☐ Female ☐ Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Are you a U.S. Citizen? \_\_\_\_\_

Place of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_ Business Phone Number \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

## MARITAL STATUS

Single ☐ Married ☐ Widowed ☐ Separated ☐ Divorced ☐ Other ☐

Date Married \_\_\_\_\_ Spouse's Maiden Name (if applicable) \_\_\_\_\_

Name of Spouse/Fiancée/ Significant Other: \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address: \_\_\_\_\_

If separated or divorced, list court and dates: \_\_\_\_\_

If divorced, provide name, address, and phone number for former spouses

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Has your Spouse/Fiancée ever been arrested, interviewed, detained, or convicted by any law enforcement agency?

If yes, please provide dates, reasons, agency and disposition. YES ☐ NO ☐

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## FAMILY HISTORY

List names, ages, phone number, occupation, where employed, and residence of father, mother, brother(s), sister(s), spouse, children and spouse's mother and father. List relationship of each.

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_  
Occupation \_\_\_\_\_ Where Employed \_\_\_\_\_  
Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_  
Occupation \_\_\_\_\_ Where Employed \_\_\_\_\_  
Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_  
Occupation \_\_\_\_\_ Where Employed \_\_\_\_\_  
Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

4. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_  
Occupation \_\_\_\_\_ Where Employed \_\_\_\_\_  
Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

5. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_  
Occupation \_\_\_\_\_ Where Employed \_\_\_\_\_  
Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

6. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_  
Occupation \_\_\_\_\_ Where Employed \_\_\_\_\_  
Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

7. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_  
Occupation \_\_\_\_\_ Where Employed \_\_\_\_\_  
Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## FAMILY HISTORY - Continued

8. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_  
Occupation \_\_\_\_\_ Where Employed \_\_\_\_\_  
Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Has any member of your family been arrested for or convicted of a criminal offense? YES ☐ NO ☐

If yes, please explain in detail: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever hit, struck, pushed, punched, shoved, slapped, kicked, etc.,  
another person out of anger or during an argument? YES ☐ NO ☐

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Has anyone ever called the police about you for any reason? YES ☐ NO ☐

If yes, please provide dates, reasons, agency and disposition.

\_\_\_\_\_

\_\_\_\_\_

Have you ever been the subject of a Protective Order? YES ☐ NO ☐

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you or any member of your family now (or have you or any member of your family formerly been) associated  
with any subversive organization, gang, posse, clique, or terrorist group? (i.e.: Ku Klux Klan, Anarchist, Skinheads,  
Bloods, Crips, Folk Nation, etc.) YES ☐ NO ☐

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Do you have any Tattoo's? YES ☐ NO ☐

If yes, please describe each and the locations. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## FORMER ADDRESSES

List all former addresses and dates that you resided at each. Start with the first address and work down to present, including campus housing and military addresses (if more space is needed, attach a separate sheet).

Have you ever been evicted or asked to leave an address? YES ☐ NO ☐

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. Address: \_\_\_\_\_ Dates at residence (From): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ (To): \_\_\_\_\_

2. Address: \_\_\_\_\_ Dates at residence (From): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ (To): \_\_\_\_\_

3. Address: \_\_\_\_\_ Dates at residence (From): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ (To): \_\_\_\_\_

4. Address: \_\_\_\_\_ Dates at residence (From): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ (To): \_\_\_\_\_

5. Address: \_\_\_\_\_ Dates at residence (From): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ (To): \_\_\_\_\_

6. Address: \_\_\_\_\_ Dates at residence (From): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ (To): \_\_\_\_\_

7. Address: \_\_\_\_\_ Dates at residence (From): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ (To): \_\_\_\_\_

8. Address: \_\_\_\_\_ Dates at residence (From): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ (To): \_\_\_\_\_

9. Address: \_\_\_\_\_ Dates at residence (From): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ (To): \_\_\_\_\_

10. Address: \_\_\_\_\_ Dates at residence (From): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ (To): \_\_\_\_\_

## EDUCATION

### HIGH SCHOOL

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_ Grade Point Average: \_\_\_\_\_

List any extra curricular activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any disciplinary actions (i.e. suspensions, expulsions): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*(If you attended a High School, but received a GED, please list the High School above.)*

\*\*\*\* OR \*\*\*\*

### G.E.D. Certificate

Date Received and Name of G.E.D. School: \_\_\_\_\_

\_\_\_\_\_

## FOREIGN LANGUAGE SKILLS

Are you able to communicate in any language other than English (including sign language)?

If yes, specify language and fluency level:

YES ☐

NO ☐

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EDUCATION ---- COLLEGE and POST GRADUATE

### COLLEGE (include POST GRADUATE information)

College Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date Graduated: \_\_\_\_\_ Hours Completed: \_\_\_\_\_

Major: \_\_\_\_\_ Grade Point Average: \_\_\_\_\_

College Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date Graduated: \_\_\_\_\_ Hours Completed: \_\_\_\_\_

Major: \_\_\_\_\_ Grade Point Average: \_\_\_\_\_

Are you presently enrolled in any school or college for academic classes? YES ☐ NO ☐

If yes, list course, name and address of school(s). \_\_\_\_\_

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List any disciplinary actions (i.e. suspensions, expulsions): \_\_\_\_\_

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List any extra curricular activities: \_\_\_\_\_

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**DRAFT STATUS ----** (Information on Status May Be Found at: [www.sss.gov](http://www.sss.gov))

Date classified: \_\_\_\_\_ Selective Service Number: \_\_\_\_\_

If deferred for any reason, explain: \_\_\_\_\_

Were you ever rejected for military service?

If yes, explain: \_\_\_\_\_

**MILITARY SERVICE**

☐

**Yes – Continue**

☐

**No – Go to Page 11**

Branch of Service: \_\_\_\_\_ Date of Entry: \_\_\_\_\_

Place of Entry: \_\_\_\_\_ Service Number: \_\_\_\_\_

Dates of basic training, and where: \_\_\_\_\_

Permanent duty stations and length of tour:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Duties of rank or rate: (Explain) \_\_\_\_\_

Highest rank or rate: \_\_\_\_\_

Date of last promotion: \_\_\_\_\_

Service schools attended:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

## MILITARY SERVICE - Continued

Medals or awards received \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you had any disciplinary action (in house or formal) i.e. Court Martial, Captain's Mast, Article 15, Letters of Reprimand, etc. If yes, please explain: YES ☐ NO ☐

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dates of discharge or release: \_\_\_\_\_ Type of discharge: \_\_\_\_\_

Reason for separation: \_\_\_\_\_

Are you currently a member of any military reserve organization? YES ☐ NO ☐

If yes, termination date of reserve obligation \_\_\_\_\_

If yes, name the organization and your status including obligated time, drill status and compulsory active duty status.

\_\_\_\_\_

\_\_\_\_\_

Did you serve your complete term of service? YES ☐ NO ☐

If no, explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please provide the following information about your current or last duty station before you were discharged:

Current duty station: \_\_\_\_\_ Job title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor's name and title: \_\_\_\_\_

Supervisor's telephone: \_\_\_\_\_

Supervisor's email address: \_\_\_\_\_

## BANKING AFFILIATIONS

**LIST ALL CURRENT ACCOUNTS THAT YOU HAVE.** (If additional space is needed, use the reverse side)

Institution Name: \_\_\_\_\_ If joint, who with? \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date opened: \_\_\_\_\_

Account type: \_\_\_\_\_ Account number: \_\_\_\_\_

Any bounced checks or overdrafts at this institution? If yes, explain (dates and amounts)

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Institution Name: \_\_\_\_\_ If joint, who with? \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date opened: \_\_\_\_\_

Account type: \_\_\_\_\_ Account number: \_\_\_\_\_

Any bounced checks or overdrafts at this institution? If yes, explain (dates and amounts)

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Institution Name: \_\_\_\_\_ If joint, who with? \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date opened: \_\_\_\_\_

Account type: \_\_\_\_\_ Account number: \_\_\_\_\_

Any bounced checks or overdrafts at this institution? If yes, explain (dates and amounts)

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## BANKING AFFILIATIONS ---- Continued

**LIST ALL FORMER ACCOUNTS THAT YOU HAVE HAD,** (If additional space is needed, use the reverse side)  
**STARTING WITH THE FIRST AND WORK DOWN TO PRESENT.**

Institution Name: \_\_\_\_\_ If joint, who with? \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date opened: \_\_\_\_\_ Date closed: \_\_\_\_\_

Account type: \_\_\_\_\_ Account number: \_\_\_\_\_

Any bounced checks or overdrafts at this institution? If yes, explain (dates and amounts) YES ☐ NO ☐

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for closing account: \_\_\_\_\_

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Institution Name: \_\_\_\_\_ If joint, who with? \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date opened: \_\_\_\_\_ Date closed: \_\_\_\_\_

Account type: \_\_\_\_\_ Account number: \_\_\_\_\_

Any bounced checks or overdrafts at this institution? If yes, explain (dates and amounts) YES ☐ NO ☐

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for closing account: \_\_\_\_\_

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Institution Name: \_\_\_\_\_ If joint, who with? \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date opened: \_\_\_\_\_ Date closed: \_\_\_\_\_

Account type: \_\_\_\_\_ Account number: \_\_\_\_\_

Any bounced checks or overdrafts at this institution? If yes, explain (dates and amounts) YES ☐ NO ☐

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for closing account: \_\_\_\_\_

## FINANCIAL STATUS

**Do you own a home?** YES ☐ NO ☐

If yes, give complete name and address of the institution financed with:

Institution Name: \_\_\_\_\_ If joint, who with? \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date opened: \_\_\_\_\_ Date closed: \_\_\_\_\_

Account type: \_\_\_\_\_ Account number: \_\_\_\_\_

**Are any of your vehicles currently financed through a financial institution?** YES ☐ NO ☐

If yes, give complete name and address of the institution financed with:

Vehicle year, make, model and license: \_\_\_\_\_

Institution Name: \_\_\_\_\_ If joint, who with? \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date opened: \_\_\_\_\_

Account type: \_\_\_\_\_ Account number: \_\_\_\_\_

Vehicle year, make, model and license: \_\_\_\_\_

Institution Name: \_\_\_\_\_ If joint, who with? \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date opened: \_\_\_\_\_

Account type: \_\_\_\_\_ Account number: \_\_\_\_\_

**What is your total debt at present?** (i.e. loans, mortgage, credit cards, etc.) \$ \_\_\_\_\_

Are you currently late on any monthly payments? YES ☐ NO ☐

If yes, please explain: \_\_\_\_\_

Have you ever claimed bankruptcy? YES ☐ NO ☐

Have you had your wages garnished? YES ☐ NO ☐

Have you had a civil judgment against you? YES ☐ NO ☐

If you answered yes to any of the above, please explain

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## FINANCIAL STATUS ---- *Continued*

| Check the appropriate box   |  | No | Yes |
|---|--|----|-----|
| 1   | Have you ever had an account referred to a collection agency?  |    |     |
| 2   | Have you ever been delinquent on income or other tax payments? |    |     |
| 3   | Do you currently owe Federal, State, or any local tax?         |    |     |
| 4   | Have you ever had any personal property repossessed?           |    |     |
| 5a  | Do you have a child support obligation?                        |    |     |
| 5b  | If yes, have you ever been delinquent in payment?              |    |     |
|   |  |    |     |
| If you answered, yes to any of the above questions, please explain: |  |    |     |

[illegible]

## EMPLOYMENT HISTORY

Are you willing for us to ask your present employer about your work? YES ☐ NO ☐

Have you ever been discharged or forced to resign (asked to leave) from any job? YES ☐ NO ☐

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**List your complete work history, starting with your present position and working backward through your experience. List all periods of unemployment. Include all part-time employment, internships, and volunteer positions. If more space is needed, attach a separate sheet.**

**Present employer:** \_\_\_\_\_ Job title: \_\_\_\_\_

Supervisor name and title: \_\_\_\_\_

Address \_\_\_\_\_ Phone number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Supervisor Email address: \_\_\_\_\_

Dates employed: from \_\_\_\_\_ (month/year) to \_\_\_\_\_ (month/year)

Salary: start \_\_\_\_\_ per \_\_\_\_\_ final \_\_\_\_\_ per \_\_\_\_\_

Number of hours worked per week: \_\_\_\_\_

Did you ever receive any disciplinary actions? YES ☐ NO ☐

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Description of duties: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

## EMPLOYMENT HISTORY ---- *Continued*

**Employer:** \_\_\_\_\_ Job title: \_\_\_\_\_

Supervisor name and title: \_\_\_\_\_

Address \_\_\_\_\_ Phone number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email address: \_\_\_\_\_

Dates employed: from \_\_\_\_\_ (month/year) to \_\_\_\_\_ (month/year)

Salary: start \_\_\_\_\_ per \_\_\_\_\_ final \_\_\_\_\_ per \_\_\_\_\_

Number of hours worked per week: \_\_\_\_\_

Did you ever receive any disciplinary actions? YES ☐ NO ☐

If yes, explain: \_\_\_\_\_

Description of duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Was a two-week notice given? YES ☐ NO ☐

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**Employer:** \_\_\_\_\_ Job title: \_\_\_\_\_

Supervisor name and title: \_\_\_\_\_

Address \_\_\_\_\_ Phone number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Supervisor Email address: \_\_\_\_\_

Dates employed: from \_\_\_\_\_ (month/year) to \_\_\_\_\_ (month/year)

Salary: start \_\_\_\_\_ per \_\_\_\_\_ Final \_\_\_\_\_ per \_\_\_\_\_

Number of hours worked per week: \_\_\_\_\_

Did you ever receive any disciplinary actions? YES ☐ NO ☐

If yes, explain: \_\_\_\_\_

Description of duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Was a two-week notice given? YES ☐ NO ☐



## EMPLOYMENT HISTORY ---- *Continued*

**Employer:** \_\_\_\_\_ Job title: \_\_\_\_\_

Supervisor name and title: \_\_\_\_\_

Address \_\_\_\_\_ Phone number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email address: \_\_\_\_\_

Dates employed: from \_\_\_\_\_ (month/year) to \_\_\_\_\_ (month/year)

Salary: start \_\_\_\_\_ per \_\_\_\_\_ final \_\_\_\_\_ per \_\_\_\_\_

Number of hours worked per week: \_\_\_\_\_

Did you ever receive any disciplinary actions? YES ☐ NO ☐

If yes, explain: \_\_\_\_\_

Description of duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Was a two-week notice given? YES ☐ NO ☐

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**Employer:** \_\_\_\_\_ Job title: \_\_\_\_\_

Supervisor name and title: \_\_\_\_\_

Address \_\_\_\_\_ Phone number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Supervisor Email address: \_\_\_\_\_

Dates employed: from \_\_\_\_\_ (month/year) to \_\_\_\_\_ (month/year)

Salary: start \_\_\_\_\_ per \_\_\_\_\_ final \_\_\_\_\_ per \_\_\_\_\_

Number of hours worked per week: \_\_\_\_\_

Did you ever receive any disciplinary actions? YES ☐ NO ☐

If yes, explain: \_\_\_\_\_

Description of duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Was a two-week notice given? YES ☐ NO ☐

## EMPLOYMENT HISTORY ---- *Continued*

**Employer:** \_\_\_\_\_ Job title: \_\_\_\_\_

Supervisor name and title: \_\_\_\_\_

Address \_\_\_\_\_ Phone number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email address: \_\_\_\_\_

Dates employed: from \_\_\_\_\_ (month/year) to \_\_\_\_\_ (month/year)

Salary: start \_\_\_\_\_ per \_\_\_\_\_ final \_\_\_\_\_ per \_\_\_\_\_

Number of hours worked per week: \_\_\_\_\_

Did you ever receive any disciplinary actions? YES ☐ NO ☐

If yes, explain: \_\_\_\_\_

Description of duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Was a two-week notice given? YES ☐ NO ☐

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**Employer:** \_\_\_\_\_ Job title: \_\_\_\_\_

Supervisor name and title: \_\_\_\_\_

Address \_\_\_\_\_ Phone number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email address: \_\_\_\_\_

Dates employed: from \_\_\_\_\_ (month/year) to \_\_\_\_\_ (month/year)

Salary: start \_\_\_\_\_ per \_\_\_\_\_ final \_\_\_\_\_ per \_\_\_\_\_

Number of hours worked per week: \_\_\_\_\_

Did you ever receive any disciplinary actions? YES ☐ NO ☐

If yes, explain: \_\_\_\_\_

Description of duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Was a two-week notice given? YES ☐ NO ☐

## EMPLOYMENT HISTORY ---- *Continued*

Have you ever been the subject of a citizen, client or co-worker complaint?

YES ☐

NO ☐

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever resigned (quit) while anticipating that your employer intended to discharge (terminate) you for any reason?

YES ☐

NO ☐

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever resigned (quit) from a job by mutual agreement following allegations of misconduct?

YES ☐

NO ☐

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever walked off (left) a job without giving proper notice?

YES ☐

NO ☐

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever resigned (quit) from a job by mutual agreement following allegations of unsatisfactory work performance?

YES ☐

NO ☐

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## MOTOR VEHICLE OPERATION

Operator's License Number \_\_\_\_\_

State \_\_\_\_\_

Have you ever held an operator's license in another state?

YES ☐

NO ☐

If yes, give dates, license numbers and state(s) \_\_\_\_\_

Have you ever been refused an operator's license in another state?

YES ☐

NO ☐

If yes, please explain: \_\_\_\_\_

Do you currently have liability insurance on each of your vehicles?

YES ☐

NO ☐

If no, please explain: \_\_\_\_\_

Are each of your vehicles properly registered in the jurisdiction in which you reside?

YES ☐

NO ☐

If no, please explain: \_\_\_\_\_

### List all motor vehicles currently owned and/or operated by applicant.

| Year | Make | Model | License Plate Number | State Registered In |
|------|------|-------|----------------------|---------------------|
|      |      |       |                      |                     |
|      |      |       |                      |                     |
|      |      |       |                      |                     |

Automobile Insurance Company(s): \_\_\_\_\_ Agent: \_\_\_\_\_

Address of Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy Number(s): \_\_\_\_\_

Has your operator's license ever been suspended or revoked in any state?

YES ☐

NO ☐

If yes, please explain: \_\_\_\_\_

Have you ever operated a vehicle without insurance?

YES ☐

NO ☐

If yes, please explain: \_\_\_\_\_

Have you ever operated a vehicle with improper registration or the wrong plates?

YES ☐

NO ☐

If yes, please explain: \_\_\_\_\_

**MOTOR VEHICLE OPERATION ---- Continued**

Have you ever been involved in an automobile accident in which you were the driver?

YES ☐NO ☐

If yes, please explain (include any and all accidents, whether the police responded or not):

| Date | Accident Location | Report Taken   | Police Agency |
|------|-------------------|--|---------------|
|      |                   | <input type="checkbox"/> YES <input type="checkbox"/> NO |               |
|      |                   | <input type="checkbox"/> YES <input type="checkbox"/> NO |               |
|      |                   | <input type="checkbox"/> YES <input type="checkbox"/> NO |               |
|      |                   | <input type="checkbox"/> YES <input type="checkbox"/> NO |               |
|      |                   | <input type="checkbox"/> YES <input type="checkbox"/> NO |               |
|      |                   | <input type="checkbox"/> YES <input type="checkbox"/> NO |               |

Have you ever received any traffic citations (including parking tickets):

YES ☐NO ☐

If yes, list all...

| Date | Violation | Location<br>City / State | Issuing Police<br>Agency | Guilty, Not Guilty<br>or Prepaid Fine | Convicted Of |
|------|-----------|--------------------------|--------------------------|---------------------------------------|--------------|
|      |           |                          |                          |                                       |              |
|      |           |                          |                          |                                       |              |
|      |           |                          |                          |                                       |              |
|      |           |                          |                          |                                       |              |
|      |           |                          |                          |                                       |              |
|      |           |                          |                          |                                       |              |
|      |           |                          |                          |                                       |              |

## UNDETECTED CRIME

Have you have ever committed or participated in or conspired to commit any of the crimes or offenses listed, whether or not you were arrested, charged, or detained?

(Each crime or offense must be checked ✓ yes or no.)

|                                     | YES | NO |
|-------------------------------------|-----|----|
| Alcohol Violations                  |     |    |
| Auto Theft                          |     |    |
| Battery/Fights                      |     |    |
| Bomb Threats                        |     |    |
| Computer Related Crimes             |     |    |
| Downloaded/Viewed Child Pornography |     |    |
| Elder/Adult Abuse                   |     |    |
| Embezzlement (Theft from Employer)  |     |    |
| Extortion                           |     |    |
| False Alarms/Fire/Bomb              |     |    |
| Forgery/Credit Cards                |     |    |
| Fraud/Bad Checks                    |     |    |
| Harassment/Threats                  |     |    |
| Hunting/Fishing Violations          |     |    |
| Impersonating a Police Officer      |     |    |
| Indecent Exposure/Mooning           |     |    |
| Pedophilla                          |     |    |
| Peeping Tom/Voyeurism               |     |    |
| Rape/Date Rape/Sexual Assault       |     |    |
| Robbery                             |     |    |
| Stalking                            |     |    |
| Telephone Misuse/Threats            |     |    |
| Thefts/Larceny                      |     |    |
| Shoplifting (Regardless of Value)   |     |    |
| Unauthorized Use of a Vehicle       |     |    |
| Vandalism/Tagging                   |     |    |
| Gambling/Betting                    |     |    |

If you checked YES to any of the above, please explain in detail in the space below or on the reverse side of this page.

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## UNDETECTED CRIME ---- *Continued*

Check ✓ either Yes or No to the questions that follow.

| Have you ever participated in or conspired to participate in any of the following:  | YES | NO |
|---|-----|----|
| 1. Lied or committed perjury in court or other judicial proceeding?   |     |    |
| 2. Lied to anyone in authority or made a false police report?   |     |    |
| 3. Entered any building, business, dwelling, or house without permission?   |     |    |
| 4. Intentionally injured anyone as a result of a fight?   |     |    |
| 5. Have you ever received or paid money for any sex act?  |     |    |
| 6. Have you ever left a restaurant or food establishment without paying?  |     |    |
| 7. Helped anyone steal anything?  |     |    |
| 8. Knowingly received stolen property (regardless of value)?  |     |    |
| 9. Falsified or lied on an employment application?  |     |    |
| 10. Provided anyone a discount at your place of employment without permission?  |     |    |
| 11. Conspired with anyone to commit an illegal act or crime of any kind?  |     |    |
| 12. Given anything to anyone that was not yours to give away?   |     |    |
| 13. Been accused of or arrested for domestic violence/spousal/elder abuse?  |     |    |
| 14. Been questioned by the police as a suspect or witness as part of a criminal or traffic investigation?   |     |    |
| 15. Been a lookout or driver for someone else while they committed a crime or criminal act of any kind?   |     |    |
| 16. Used a weapon of any kind during a fight/altercation?   |     |    |
| 17. Been placed on parole or probation for any reason?  |     |    |
| 18. Used false, fraudulent, altered or borrowed identification of any kind for any purpose?   |     |    |
| 19. Allowed your car to be used in the commission of a crime?   |     |    |
| 20. Knowingly committed a weapons violation of any kind (includes illegal possession, wearing, carrying, transporting, selling, purchasing or modifying)?   |     |    |
| 21. Been present at, witness to, or involved in any way in any kind of murder, killing, manslaughter or other unnatural death of a human being?   |     |    |
| 22. Been an officer or member or made a contribution to an organization dedicated to the violent overthrow of the United States Government and which engages in illegal activities to that end, knowing that the organization engages in such activities with the specific intent to further such activities? |     |    |
| 23. Been a member of any organization and/or adhere to any belief which would in any way:   |     |    |
| A. Limit or prohibit your use of weapons or firearms?   |     |    |
| B. Restrict or prohibit you from working on particular days or hours?   |     |    |
| C. Restrict you from conforming to department standards of appearance and/or grooming which may from time to time be set?   |     |    |
| 24. Been involved in or participated in any parade, picket line, delegation, or demonstration sponsored by any subversive organization(s)?  |     |    |
| 25. Been involved in or paid, contributed, collected, or solicited any money or dues to, for, or in behalf of any subversive organization(s)?   |     |    |
| 26. Been involved in or attended any school, camp, class or forum sponsored by any subversive organization(s)?  |     |    |
| 27. Been involved in making, constructing, assembling or manufacturing, transporting, and/or detonation of any type of bomb, Molotov cocktail, explosive or other incendiary device?  |     |    |
| 28. Knowingly filed a false/fraudulent insurance claim with any insurance company regarding a traffic accident, theft, or other monetary or property loss?  |     |    |
| 29. Been subjected to forfeiture of collateral in connection with an arrest?  |     |    |
| 30. Been required to appear before a juvenile court for an act which would have been a crime if committed as an adult?  |     |    |





## POLICE RECORD

List any criminal charges either as a juvenile or adult (whether sealed, or dismissed):

| Date | Charge | Place of Arrest | Court Findings |
|------|--------|-----------------|----------------|
|      |        |                 |                |
|      |        |                 |                |
|      |        |                 |                |
|      |        |                 |                |
|      |        |                 |                |
|      |        |                 |                |

List situations in which you were stopped and detained by the police / law enforcement officer and did not receive a citation (i.e. speeding, warning, field sobriety test, etc.):

| Approximate Date | Reason | Location | Police Agency |
|------------------|--------|----------|---------------|
|                  |        |          |               |
|                  |        |          |               |
|                  |        |          |               |
|                  |        |          |               |
|                  |        |          |               |
|                  |        |          |               |
|                  |        |          |               |

Is there any court action pending against you at this time (i.e. criminal, traffic, or civil)? YES ☐ NO ☐

If yes, please explain: \_\_\_\_\_

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## GAMBLING RELATED ACTIVITIES

Have you ever placed a wager/bet by telephone, internet or made a hand-to-hand transaction with a bookmaker (bookie or numbers man) on the results of a professional or collegiate sports event, other than a legitimate lottery, or other legalized gambling event?

YES ☐

NO ☐

If yes, provide all details. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you currently have any outstanding gambling debts? YES ☐

NO ☐

If yes, provide all details. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever borrowed money to gamble? YES ☐

NO ☐

If yes, provide all details. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever used an employer's money to gamble? YES ☐

NO ☐

If yes, provide all details. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever stolen money with which to gamble? YES ☐

NO ☐

If yes, provide all details. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## DRUG USE

Have you **ever** experimented with or possessed any of the following substances?

Each line must be checked ✓ yes or no

| NO  | Yes | Substance Used                                | Last Date Used | Total Number of Times Used |
|---|-----|---|----------------|----------------------------|
|   |     | Marijuana                                     |                |                            |
|   |     | Hashish                                       |                |                            |
|   |     | Cocaine                                       |                |                            |
|   |     | Opium Derivative (Heroin, Morphine, Codeine)  |                |                            |
|   |     | Amphetamines / Speed / Meth                   |                |                            |
|   |     | Barbiturates/ Reds / Downers                  |                |                            |
|   |     | GHB or any designer drugs                     |                |                            |
|   |     | Inhalants (Glue, Solvents, Aerosols, Whippit) |                |                            |
|   |     | Anabolic Steroids                             |                |                            |
|   |     | Hallucinogenic (LSD, PCP, Mushrooms, Ecstasy) |                |                            |
|   |     | Salvia  |                |                            |
|   |     | Adderall, Ritalin or Oxycontin, Vicoden       |                |                            |
|   |     | Prescription drugs (not prescribed to you)    |                |                            |
| (Please list the prescription drug and the reason it was taken)                   |     |   |                |                            |
|   |     |   |                |                            |
|   |     |   |                |                            |
|   |     |   |                |                            |
|   |     |   |                |                            |
| Any other drug/narcotic/inhalant not specifically listed above, please list here: |     |   |                |                            |
|   |     |   |                |                            |
|   |     |   |                |                            |
|   |     |   |                |                            |
|   |     |   |                |                            |



## REFERENCES

Provide complete information on fifteen reliable persons, ten (10) of which have known you for five (5) years or more. Do Not use relatives or past employers. Include email address if available.  
ALL FIFTEEN REFERENCES MUST BE PROVIDED AND BE COMPLETE.

1. Name \_\_\_\_\_ Years Known \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email Address \_\_\_\_\_  
Occupation \_\_\_\_\_ Phone Number \_\_\_\_\_

2. Name \_\_\_\_\_ Years Known \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email Address \_\_\_\_\_  
Occupation \_\_\_\_\_ Phone Number \_\_\_\_\_

3. Name \_\_\_\_\_ Years Known \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email Address \_\_\_\_\_  
Occupation \_\_\_\_\_ Phone Number \_\_\_\_\_

4. Name \_\_\_\_\_ Years Known \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email Address \_\_\_\_\_  
Occupation \_\_\_\_\_ Phone Number \_\_\_\_\_

5. Name \_\_\_\_\_ Years Known \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email Address \_\_\_\_\_  
Occupation \_\_\_\_\_ Phone Number \_\_\_\_\_

## REFERENCES ----- Continued

6. Name \_\_\_\_\_ Years Known \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Occupation \_\_\_\_\_ Phone Number \_\_\_\_\_

7. Name \_\_\_\_\_ Years Known \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Occupation \_\_\_\_\_ Phone Number \_\_\_\_\_

8. Name \_\_\_\_\_ Years Known \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Occupation \_\_\_\_\_ Phone Number \_\_\_\_\_

9. Name \_\_\_\_\_ Years Known \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Occupation \_\_\_\_\_ Phone Number \_\_\_\_\_

10. Name \_\_\_\_\_ Years Known \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Occupation \_\_\_\_\_ Phone Number \_\_\_\_\_

## REFERENCES ----- Continued

11. Name \_\_\_\_\_ Years Known \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email Address \_\_\_\_\_  
Occupation \_\_\_\_\_ Phone Number \_\_\_\_\_

12. Name \_\_\_\_\_ Years Known \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email Address \_\_\_\_\_  
Occupation \_\_\_\_\_ Phone Number \_\_\_\_\_

13. Name \_\_\_\_\_ Years Known \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email Address \_\_\_\_\_  
Occupation \_\_\_\_\_ Phone Number \_\_\_\_\_

14. Name \_\_\_\_\_ Years Known \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email Address \_\_\_\_\_  
Occupation \_\_\_\_\_ Phone Number \_\_\_\_\_

15. Name \_\_\_\_\_ Years Known \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email Address \_\_\_\_\_  
Occupation \_\_\_\_\_ Phone Number \_\_\_\_\_

## NEIGHBORHOOD REFERENCES

Provide complete information on three reliable persons who reside in your neighborhood, and have not been listed elsewhere in this booklet. Include email address if available.

1. Name \_\_\_\_\_ Years Known \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

2. Name \_\_\_\_\_ Years Known \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

3. Name \_\_\_\_\_ Years Known \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

## LANDLORD REFERENCES

Provide complete names and addresses for all previous or current "Landlords"/rental agencies/property managers. Include email address if available. List additional names on the reverse side of this page.

1. Name \_\_\_\_\_ Years Known \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

2. Name \_\_\_\_\_ Years Known \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_



## POLICE APPLICATIONS

List all agencies you have previously applied to:

1. Jurisdiction/Agency Name: \_\_\_\_\_ Date Applied: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Outcome: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Jurisdiction/Agency Name: \_\_\_\_\_ Date Applied: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Outcome: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Jurisdiction/Agency Name: \_\_\_\_\_ Date Applied: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Outcome: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

4. Jurisdiction/Agency Name: \_\_\_\_\_ Date Applied: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Outcome: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Have you ever applied to the Chesterfield County Police Department in the past? YES ☐ NO ☐

If yes, when? \_\_\_\_\_

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*I hereby certify that there are no willful omissions, misrepresentations in or falsifications of the above statements and answers to questions. I am aware that should the investigation disclose such omissions or misrepresentations and falsifications, my application will be rejected, and I will be disqualified from applying in the future for any position with the Chesterfield County Police Department. I further understand that only the most qualified applicants will be selected.*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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**IF YOU ARE A CURRENT OR FORMER POLICE OFFICER,  
CONTINUE TO THE NEXT SET OF QUESTIONS**

## CURRENT AND FORMER POLICE OFFICERS

*This section only applies to current and former Police Officers*

What Police/Law Enforcement Agency(s) are you currently or were you previously employed by?

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What are/were your date(s) of employment? From: \_\_\_\_\_ To: \_\_\_\_\_

Have you been the subject of any internal investigations or citizen complaints? YES ☐ NO ☐

Provide the name of the internal affairs investigator: \_\_\_\_\_

Department/Agency: \_\_\_\_\_

If yes, explain in full, all the circumstances. \_\_\_\_\_

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Disposition: \_\_\_\_\_

Have you ever been suspended from duty, with or without your police powers, for any reason, except medical?

YES ☐ NO ☐

If yes, explain in full, all the circumstances. \_\_\_\_\_

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Have you been the subject of any department disciplinary actions? YES ☐ NO ☐

If yes, explain in full, all the circumstances. \_\_\_\_\_

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## CURRENT AND FORMER POLICE OFFICERS ---- *Continued*

Have you been involved in any traffic accidents while operating departmental or government vehicles?

If yes, how many? \_\_\_\_\_

YES ☐

NO ☐

What was the disposition of each? \_\_\_\_\_

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What assignments, special training and skills have you had as a police officer, and how long have the assignments lasted.

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Please provide copies of performance evaluations for the past two (2) years.

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Have you ever been questioned/interviewed/interrogated by your department's internal affairs unit?

YES ☐

NO ☐

If yes, explain in full, all the circumstances. \_\_\_\_\_

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## CURRENT AND FORMER POLICE OFFICERS ---- *Continued*

Have you ever discharged your service weapon either on-duty or off-duty, other than for training purposes or for authorized animal euthanasia?

YES ☐

NO ☐

If yes, explain in full, all the circumstances. \_\_\_\_\_

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Have you ever given an untruthful statement in court or to your departments internal affairs unit concerning your actions as a Police Officer?

YES ☐

NO ☐

If yes, explain in full, all the circumstances. \_\_\_\_\_

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Have you ever been charged with or investigated for the use of excessive force or police brutality?

YES ☐

NO ☐

If yes, explain in detail giving dates, location, type of call, investigator and disposition.

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Have you ever been charged or investigated for racial bias?

YES ☐

NO ☐

If yes, explain in detail.

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## CURRENT AND FORMER POLICE OFFICERS ---- Continued

Have you been investigated by your current/past agency for an allegation of domestic violence/spousal abuse?

YES ☐

NO ☐

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Please explain the reasons why you want to leave your current, or why you left your previous law enforcement/police employer.

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***I hereby certify that there are no willful omissions, misrepresentations in or falsifications of the above statements and answers to questions. I am aware that should the investigation disclose such omissions or misrepresentations and falsifications, my application will be rejected, and I will be disqualified from applying in the future for any position with the Chesterfield County Police Department. I further understand that only the most qualified applicants will be selected.***

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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## ADDITIONAL INFORMATION